

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		49452	11-3-00
RESPONSE FORMALITY REVIEW			

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### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim		Date	
Final	Original		
1	✓	6/21/04	
2	✓		
3	✓		
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Claim		Date	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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